

REPORT OF RECEIPTS AND DISBURSEMENTS  
2016 Annual Report

Name of Candidate Earle S. Benson  
 Address 2307 Maple Knolls Kings Rd County Hinds  
 Telephone 601-969-3040 Fax 601-355-4707  
 Office Sought District 67 Email Address EBenson@aol.com

☐ Check here if above is different from previous report

January 31, 2017 Annual Report (January 1, 2016 through December 31, 2016)

.....Mandatory  
 All candidates, excluding judicial candidates on the  
 November 2016 General Election ballot.

Termination Report (Candidate will no longer accept contributions, make  
 Expenditures, has no outstanding debt obligation and zero cash on hand balance.)

Required to terminate reporting  
 obligations

## IMPORTANT

- (1) Annual Reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (zero) for total amount of reported contributions and expenditures during the reporting period.
- (2) Until a Candidate files a Termination Report, all campaign finance disclosure reports must be filed in accordance with the applicable schedule set forth by Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving office must be in actual receipt of the required report by 5:00 p.m. on the deadline. If the deadline falls on a weekend or legal holiday, the office must be in actual receipt of the required report by 5:00 p.m. on the first working day before the deadline. Reports may be faxed or emailed.

## REPORTED CONTRIBUTIONS AND DISBURSEMENTS

Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ <u>1,250.00</u> - 0 - \$ <u>1,250.00</u>	\$ <u>1,250.00</u>
Total amount of disbursements	\$ <u>1,700.00</u> + \$ <u>0.00</u> - 0 - \$ <u>1,700.00</u>	\$ <u>1,700.00</u>
Total amount of cash on hand	\$	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate Earle S. Benson

Date 1/31/17

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to timely submit required reports in accordance with the applicable statutes may result in the imposition of a civil penalty in the amount of \$50 per day for ten (10) days and/or prosecution pursuant to Miss. Code Ann. §§ 23-15-811 and 813 (1972).

## SEND TO:

1. Candidates for statewide, state-district, or legislative office file all required reports with the Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to (601) 576-2545.
2. Candidates for county or county-district office file all required reports with the County Circuit Clerk's Office.
3. Candidates for municipal office file all required report with the Municipal Clerk's Office.

Name of Candidate or Committee Page S. Barks  
 Reporting period Jan 1, 2014 through Dec 31, 2014

## ITEMIZED DISBURSEMENTS

A. Full name <del>Page S. Barks</del>		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <del>1012 1/2 St</del>		<del>10/12/14</del>	\$
City, State, Zip Code <del>1012 1/2 St</del>		<del>10/12/14</del>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
B. Full name <del>Friends of Termel</del> <u>Termel Carol</u>		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>911 Springs St</u>		<u>10/12/14</u>	\$ <u>200.00</u>
City, State, Zip Code <u>Jackson, MS 39213</u>		<u>10/12/14</u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
C. Full name <del>Friends of Terrell</del> <u>Friends of Terrell Westbrook</u>		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>450 High St</u>		<u>10/12/14</u>	\$ <u>500.00</u>
City, State, Zip Code <u>Jackson, MS 39201</u>		<u>10/12/14</u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
D. Full name <del>Friends of Terrell</del> <u>Friends of Terrell Bakers</u>		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>450 High St</u>		<u>10/12/14</u>	\$ <u>1,000.00</u>
City, State, Zip Code <u>Jackson, MS 39201</u>		<u>10/12/14</u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
E. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>10/12/14</u>	\$
City, State, Zip Code		<u>10/12/14</u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
F. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>10/12/14</u>	\$
City, State, Zip Code		<u>10/12/14</u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$

Name of Candidate or Committee Frank S. BanksReporting period                      through                     

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<input type="checkbox"/> Other (please specify) <u>                    </u>		
Mailing Address	<u>ENPAC MS</u>	<u>11/12/16</u>	\$ <u>250.00</u>
City, State, Zip Code	<u>PO Box 1640</u>	<u>11/12/16</u>	\$ <u>          </u>
Name of Employer (Required)	<u>Wicksynhs 3924</u>	<u>11/12/16</u>	\$ <u>          </u>
Occupation (Required)	<u>                    </u>	Aggregate year-to-date	\$ <u>          </u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<input type="checkbox"/> Other (please specify) <u>                    </u>		
Mailing Address	<u>MS Power PAC</u>	<u>11/11/16</u>	\$ <u>250.00</u>
City, State, Zip Code	<u>PO Box 4079</u>	<u>11/11/16</u>	\$ <u>          </u>
Name of Employer (Required)	<u>Coilford, MS 39502</u>	<u>11/11/16</u>	\$ <u>          </u>
Occupation (Required)	<u>                    </u>	Aggregate year-to-date	\$ <u>          </u>
C. Source <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<input type="checkbox"/> Other (please specify) <u>                    </u>		
Mailing Address	<u>AT&amp;T</u>	<u>10/17/16</u>	\$ <u>250.00</u>
City, State, Zip Code	<u>111 E Capitol ST Suite 6030</u>	<u>10/17/16</u>	\$ <u>          </u>
Name of Employer (Required)	<u>Locksaw, MS 39204</u>	<u>10/17/16</u>	\$ <u>          </u>
Occupation (Required)	<u>                    </u>	Aggregate year-to-date	\$ <u>          </u>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<input type="checkbox"/> Other (please specify) <u>                    </u>		
Mailing Address	<u>Electric Power Association PO</u>	<u>11/17/16</u>	\$ <u>500.00</u>
City, State, Zip Code	<u>PO Box 3300</u>	<u>11/17/16</u>	\$ <u>          </u>
Name of Employer (Required)	<u>Rideland MS 39159</u>	<u>11/17/16</u>	\$ <u>          </u>
Occupation (Required)	<u>                    </u>	Aggregate year-to-date	\$ <u>          </u>

Name of Candidate or Committee  through

Reporting period  through

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <input type="text"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <input type="text"/>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="text"/>
Mailing Address <input type="text"/>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="text"/>
City, State, Zip Code <input type="text"/>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="text"/>
Name of Employer (Required) <input type="text"/>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="text"/>
Occupation (Required) <input type="text"/>		Aggregate year-to-date	\$ <input type="text"/>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <input type="text"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <input type="text"/>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="text"/>
Mailing Address <input type="text"/>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="text"/>
City, State, Zip Code <input type="text"/>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="text"/>
Name of Employer (Required) <input type="text"/>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="text"/>
Occupation (Required) <input type="text"/>		Aggregate year-to-date	\$ <input type="text"/>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <input type="text"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <input type="text"/>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="text"/>
Mailing Address <input type="text"/>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="text"/>
City, State, Zip Code <input type="text"/>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="text"/>
Name of Employer (Required) <input type="text"/>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="text"/>
Occupation (Required) <input type="text"/>		Aggregate year-to-date	\$ <input type="text"/>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <input type="text"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <input type="text"/>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="text"/>
Mailing Address <input type="text"/>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="text"/>
City, State, Zip Code <input type="text"/>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="text"/>
Name of Employer (Required) <input type="text"/>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="text"/>
Occupation (Required) <input type="text"/>		Aggregate year-to-date	\$ <input type="text"/>
E. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <input type="text"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <input type="text"/>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="text"/>
Mailing Address <input type="text"/>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="text"/>
City, State, Zip Code <input type="text"/>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="text"/>
Name of Employer (Required) <input type="text"/>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="text"/>
Occupation (Required) <input type="text"/>		Aggregate year-to-date	\$ <input type="text"/>

Name of Candidate or Committee \_\_\_\_\_  
 Reporting period \_\_\_\_\_ through \_\_\_\_\_

## ITEMIZED DISBURSEMENTS

<b>A. Full name</b>		<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> disbursement this period
Mailing Address		___ / ___ / ___	\$
City, State, Zip Code		___ / ___ / ___	\$
Purpose of Disbursement (Optional)		<b>Aggregate</b> Year-to-date	\$
<b>B. Full name</b>		<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> disbursement this period
Mailing Address		___ / ___ / ___	\$
City, State, Zip Code		___ / ___ / ___	\$
Purpose of Disbursement (Optional)		<b>Aggregate</b> Year-to-date	\$
<b>C. Full name</b>		<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> disbursement this period
Mailing Address		___ / ___ / ___	\$
City, State, Zip Code		___ / ___ / ___	\$
Purpose of Disbursement (Optional)		<b>Aggregate</b> Year-to-date	\$
<b>D. Full name</b>		<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> disbursement this period
Mailing Address		___ / ___ / ___	\$
City, State, Zip Code		___ / ___ / ___	\$
Purpose of Disbursement (Optional)		<b>Aggregate</b> Year-to-date	\$
<b>E. Full name</b>		<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> disbursement this period
Mailing Address		___ / ___ / ___	\$
City, State, Zip Code		___ / ___ / ___	\$
Purpose of Disbursement (Optional)		<b>Aggregate</b> Year-to-date	\$
<b>F. Full name</b>		<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> disbursement this period
Mailing Address		___ / ___ / ___	\$
City, State, Zip Code		___ / ___ / ___	\$
Purpose of Disbursement (Optional)		<b>Aggregate</b> Year-to-date	\$